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## *Facsimile Transmittal*

**DATE:** July 28, 2005

**TO:** USPTO

**ATTN:** AMENDMENT

**RE:** Serial No. 10/066,115

**FAX :** 571-273-8300

**FROM:** George C. Pappas

**Number of Pages Sent:** 10 (including this transmittal cover sheet)

ATTACHED HERETO PLEASE FIND A SUPPLEMENTAL  
AMENDMENT IN 8 PAGES; TRANSMITTAL FORM (1) PAGE;  
PLEASE CALL ME IF YOU HAVE ANY QUESTIONS.

I hereby certify that this correspondence is being sent VIA FACSIMILE to the Commissioner of Patents at fax number (571) 273-8300. Attention Office of Amendments, on:

7/28/05

(Date of Deposit)

Daria D. Kasmedo

(Name of the Person Making the Deposit)

(Signature)

**AMENDMENT TRANSMITTAL FORM**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 020103  
In Re Application of: Peter Shah  
Serial Number: 10/066,115  
Filed: February 2, 2002  
Examiner: Duy Le  
Group Art Unit: 2685

Dear Sir:

Transmitted herewith for filing is a Supplemental Amendment in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	46	46	0	x \$50 =	\$0
Independent**	4	9	0	x \$200 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$360	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$120	\$
		<input type="checkbox"/> Two Months		\$450	\$
		<input type="checkbox"/> Three Months		\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				<b>TOTAL FEE</b>	<b>\$0</b>

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4.  Fee check in the amount of \$ \_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$.  
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 7/28/05

Signature: Kenyon Jenckes

George C. Pappas  
858-691-1306

/BY  
KENYON JENCKES  
REG. NO. 41,873

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

I hereby certify that this correspondence is, on the date shown below, being:

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deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 7/28/05

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Doula Kasmadeo

(type or print name)

Signature: [Signature]

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T-473 P.003/010 F-928

Appl. No. 10/066,115  
Amdt dated 7/28/05

JUL 28 2005

PATENT  
Docket: 020103**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of )  
 Peter Shah ) For: DISTORTION REDUCTION  
                           ) CALIBRATION  
 Serial No. 10/066,115 )  
 Filed: February 1, 2002 ) 2685  
                           ) Group No.

**SUPPLEMENTAL AMENDMENT**

**Mail Stop Amendment**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified application as follows:

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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Depositor's Name: Daria Kasmudo  
 (type or print name)

Signature: \_\_\_\_\_

